

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
09546,735

FILING DATE

APPLICANT(S)

	CLAIMS					
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/		/	
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TOTAL IND.					2	
TOTAL DEP.	12		9		22	
TOTAL CLAIMS	13		10		24	

	CLAIMS					
	IND.		DEP.		IND.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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